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Primary Health Care in Cambodia: Construction of a comprehensive resource database

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Introduction

The health care system in Cambodia is gradually changing. At the head of this movement is the shift from a relatively uncoordinated private system based user fees to a primary health care (PHC) model. This movement has its international roots in the World Health Organization 1978 Declaration of Alma Ata, which set forth definitions for the principles of health and primary health care. Health is defined as “a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity,” whereas PHC is defined as the following:

“Essential health care based on practical, scientifically sound and socially acceptable methods and technologies made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community.”

There are a number of ways in which the Cambodian people could benefit from such a system. In the current system, the physical health of the population is poor – infant mortality rates are high, maternal mortality rates are high, birth weights are low, and the life expectancy at birth is also low (mid-fifties), compared to other countries in the region. There is a high proportion of mental illness, as recently addressed by the 2003 Workshop on Mental Health Encouragement and Human Rights. As a result of the highly privatized health care system and poverty of the general populous, an excessive proportion (\$20 out of every \$26.50 on average annually) of the health care financial burden is placed on the patient's shoulders, often for poor quality health care. The problem of access to health care is further complicated in rural communities, where development activities are limited by lack of infrastructure and transport difficulties.

In April 1995, in order to promote the development of a primary health care system, the Royal Government of Cambodia Ministry of Health (MOH) created an Inter-Ministerial Committee on Primary Health Care. Since then, the MOH created a number of cornerstone policies with respect to PHC. A coordinated system of community centres and referral hospitals was described in the 1996 National Health Development Plan and National Health Development Plan. The base of all PHC policy at the turn of the millennium was the 2000 “National Policy on Primary Health Care,” and is the basis for all work in the PHC field by government, international organizations, community groups, and non-governmental organizations (NGOs). In December 2001, the Department of Human Resources published a “Minimum Pack of Activities,” a document that describes a standard set of services that each community health centre should be able to offer. In 2002, the supplement to the National Policy on Primary Health Care, entitled “Implementation Guidelines for the National Policy on Primary Health Care,” was published – this document contained mainly definitions of roles of committees and specific posts.

While addressing the key challenges in the health sector through policy development is a key and necessary first step in reforming health care to fit into a PHC-based system, there are two potential problems that could arise. One is a potential problem of dissemination of such policy in the provinces, districts, communes, and villages. The second is a problem of implementation – what strategies the health care worker should focus on, and in what order these strategies should be implemented. Towards addressing these two problems, a database was constructed consisting of all archived guidelines, policies, and reports (GPRs) regarding PHC and health promotion in Cambodia. This database will serve as a comprehensive reference list for future University of Toronto Centre for International Health (CIH) projects regarding PHC development in Cambodia, and also as a resource for Cambodian counterparts of the CIH to draw upon and add to over subsequent years.

Methods

Six libraries whose materials relate to health promotion and public health were surveyed, of which five yielded directly relevant references. Reference Manager Professional Edition Version 9.5 was used to compile the database. The keywords used in the initial search described below were: primary health care, health promotion, and Cambodia. Other resources were added later, that were related to current initiatives undertaken by the Centre for International Health under the PHC. After an initial database of 71 references was constructed, it was presented to various counterparts from departments within the Ministry of Health for the purpose of (i) giving feedback as to its potential utility, and (ii) addition of PHC resources that counterparts believe would contribute to the initiative.

Results and Discussion

Please see Appendix for the database entries currently available.

MediCam Library (June 16, June 17)

International organization

No. 140, St. 51, Phnom Penh, 12302

Tel: 211 486 / 214 540

Fax: 214 540

medicam@bigpond.com.kh

<http://www.bigpond.com.kh/users/medicam>

Contact person: Mr. J. F. Frys, Executive Director

Reference count: over 4000 (40-50 new per month)

Pertaining to PHC RPGs in Cambodia: 75

Indexing: Yes

Database: Microsoft Access

Staff: 1 part-time (English-speaking)

MediCam is an umbrella organization of over one hundred Cambodian and non-governmental organizations. Its stated mission includes facilitating intercommunication between the Cambodian Ministry of Health and the organizations, help disseminate health-related information to the organizations, represent its organizations at national and international conferences, and consult NGOs on issues of importance. MediCam has an extensive polyglot library of health-related newspapers and documents, including a sizable collection of Ministry of Health (MOH) reports and policy. Documents are arranged by subject and are searchable through a database on a single computer. Each subject is represented by a three-letter code, and documents have three-digit designations under these subjects, generally arranged in the order of oldest to newest. MediCam has English-speaking staff, including one expatriate staff, during all operating hours. The staff is helpful and familiar with the contents of the library as well as any health-related technical terminology.

World Health Organization Library (June 18)

International organization

#120, St 228/51, Phnom Penh

PO Box 1217, Phnom Penh

Tel: 023 216 610 / 023 216 942

Fax: 023 216 211

postmaster@who.org.kh

References pertaining to PHC RPGs in Cambodia: 12

Indexing: Yes

Database: No

Staffing: No

The library consists of a single room of documents (mostly NGO) arranged by subject. No access to a database or library staff made it difficult to retrieve resources in an orderly fashion. No attempt was made to find a contact person.

National Centre for Health Promotion (June 19)

Ministry of Health
No. 168, Sihanouk (St. 271), Phnom Penh
Tel & Fax: 213 608 / 213 024
nchp@camnet.com.kh
Contact person: Dr. Lim Thai Pheang, Director
Tel: 023 881 829
Mob: 012 922 640
References pertaining to PHC RPGs in Cambodia: 13
Indexing: Yes
Database: Yes
Staffing: 2 full-time (French-speaking)

This library has a wealth of resources, both concerning Cambodian and international issues. It is indexed by subject, however the subjects themselves are not organized within the library. As a result, it is necessary to inquire to staff about resources regarding PHC.

Universite Des Sciences De La Sante (June 20)

Monivong, Phnom Penh
Tel: 430 736 / 430 732 / 430 683
Fax: 430 731
Contact person: Dr. Vu Kim Por
<http://www.cambodgesante.com/>
References pertaining to PHC RPGs in Cambodia: 0
Indexing: Yes
Database: No
Staffing: Yes, French-speaking

Nearly every resource in the University of Health Sciences seen was an imported clinically-oriented resource in French. The library does not have documents from MOH because none of the university's programs contain health promotion as part of curriculum.

Ministry of Health (June 20, June 23)

No. 151-153, Kampuchea Krom (St. 128), Phnom Penh
Tel: 881 405-9
Tel & Fax: 722 873 / 880 261
Fax: 366 186 / 426 841
procure.pcu@bigpond.com.kh
Minister: Mr. Hong Sun Huot
Secretary of State: Mr. Ung Phirun
Reference count: several thousand
References pertaining to PHC RPGs in Cambodia: 2
Indexing: poor
Database: N/A
Staff: 1 part-time

MOH Library. The second-floor library is staffed only in the afternoons. However, the two days we investigated the resources were unfruitful as (i) this staff member was away sick on the first day, (ii) the staff was away on a meeting on the second day, and (iii) the staff later felt that he/she would not be able to help because the claim was made that the database had been lost. The indexing of this library is by category like most other libraries, but these categories are much less organized. What appears to be perhaps ten percent of the materials are as of yet unfilled and

strewn on desks. As a result, the MOH library, while having possibly the largest resource base to stock its archives, was a poor source of PHC documents.

Department of Human Resource Development. The counterpart is Ms. Keat Phuong, Director (012 885 185, calmette.tox@online.com.kh). This department is responsible for writing and publishing twelve of the thirteen Minimum Package of Activities (MPA) documents.

Department of Health and Information Planning. The counterpart is Mr. Buth Saben, Assistant Manager (buthsaben@yahoo.com, 023 427 368).

Department of Communicable Disease Control (CDC). The counterparts are Dr. Bun Sreng (016 842 232) and Dr. Hong Rathmony, Vice-Directors (rathmony_hong@bigpond.com.kh, 023-880-532). The CDC is responsible for writing the Module 3 of the MPA, "Integrated Management to Childhood Illness," which is the largest of the MPA modules. It consists of seven submodules, and has over 1000 pages of material overall. Dr. Rathmony is currently working on putting together an electronic copy of the document for the Centre for International Health.

National Institute of Public Health (June 23)

Ministry of Health
St. 289, Phnom Penh, 12151
Tel: 880 345 / 882 941 / 881 345
Fax: 880 346
Reference count: over 4000
Pertaining to PHC RPGs in Cambodia: 4
Indexing: Y
Database: Microsoft Access
Staff: Y

The NIPH is a well-indexed library of over 10,000 resources, containing mostly clinical and health promotion texts from around the world. The section containing reports, policy, and guidelines is only a small section of the library. The database is easiest to navigate of the libraries discussed in this project.

Conclusion

There is much work still to be done on this database. This includes: (i) presenting the database to counterparts from the MediCam, WHO, the University of Health Sciences, and the National Institute of Public Health; (ii) collecting MPA module 3; (iii) developing a comprehensive definition of PHC beyond that described by the World Health Organization; (iv) for the purposes of the Centre of International Health, it would be convenient to target and only include a fixed number of initiatives (e.g. TB, nutrition, transportation, and fee schedules) *within* the umbrella of PHC that it considers to be priorities; one of the problems with this initial survey of the literature was that the definition was too broad.

Appendix

Primary Health Care in Cambodia: Guidelines, Policies, and Reports

1. Media Education to Improve Adolescent Sexual and Reproductive Health in Cambodia. 2002.
Ref Type: Report
Notes: Report of project activities. Goals of the project: (1) increase knowledge and awareness of reproductive and sexual health among Cambodian youth, (2) increase use of reproductive and sexual health care services by Cambodian youth, (3) improve involvement of Cambodian youth in developing IEC materials to meet their reproductive health (RH) needs, and (4) increase capacity to develop IEC materials for youth by NGOs, government agencies, and the private sector.
2. AusAID. Report of National Workshop on Health Promotion: 15-17 and 20-22 March 2000. 2000.
Ref Type: Report
Notes: The MOH has recently established health promotion units at the provincial level. The NCHP proposed to the Centre for Health Promotion and PHC project (AusAID) that a "National Workshop on Health Promotion" be organized as a first step in promoting and strengthening health promotion activities at the provincial level.
3. Bury,L., Ratnak,S., Rose,G. & Thwin,A. Phnom Penh Intra-Urban Health Survey 2001: Final Report. 2001.
Ref Type: Report
Notes: The survey is the first of its kind to show demographic and health indicators of different subpopulations of the city based on socio-economic standards of living.
4. CARE. Evaluating a Participatory Approach: Adolescent Sexual and Reproductive Health Programme in the Garment Sector. 2001.
Ref Type: Report
Notes: This report documents the process of implementing a sexual and reproductive health project, using a participatory approach, in garment factories in Phnom Penh. It documents the rationale for implementing a participatory approach and describes what is meant in practical terms.
5. Catholic Relief Services. Community Health Knowledge, Practice, and Coverage (KPC) Survey: Banan and Bavel Districts, Battambang Province. 1997.
Ref Type: Report
Notes: A report on a project in Battambang province, designed to improve health status of communities in Banan and Bavel districts with special emphasis on women and children under 5 by increasing PHC knowledge, practices, and coverage; and strengthening health centres' MPA (minimum package of activities).
6. Catholic Relief Services. Community-Based Primary Health Program: Village Development Strategy. 1997.
Ref Type: Report
Notes: To address basic health issues of hygiene, sanitation, and lack of safe water, CRS adopted a community-based PHC approach in 1994 in Banan and Bavel districts of Battambang province.
7. Catholic Relief Services. Community-Based Primary Health Care Implementation Guide: A Practical Guide for the Organization of Community Health Activities. 2000.
Ref Type: Guideline
Notes: A guide to establishing a system of PHC from the experiences of the CRS health staff working in Battambang province, Cambodia. The CRS Community-Based Primary

Health Care Project began in mid-1994 and evolved out of an earlier program that provided technical and material support to district hospitals and commune health centres in two rural districts.

8. Chanroeun, H. *et al.* Aspects of epidemiological and Clinical Manifestation of Adult HIV/AIDS Patients at Calmette Hospital Phnom Penh/Cambodia. 1997.
Ref Type: Report
Notes: Document in Khmer.
9. Christian Outreach. Kampot and Prey Vong Provinces 1990-1995: Project Completion Report. 1995.
Ref Type: Report
Notes: A report on Christian Outreach (CO) involvement in Kampot and Prey Vong; interventions include increasing number of traditional birth attendants/midwives, providing family spacing clinics, increasing awareness of childhood illnesses in mothers, creating a community immunization program, increasing community participation in planning healthcare inputs, increase understanding of health and development practices and how NGOs work, and improve referral services.
10. Crossland, A. & Conway, T. DFID Health Systems Resource Centre: Review of Mechanisms to Improve Equity in Access to Health Care, Cambodia. 2002.
Ref Type: Report
Notes: This report reviews experiences to date with pilot pro-poor health financing schemes in Cambodia, focusing in particular on the use of equity funds to compensate health facilities for the provision of exemptions from user fees to poor patients.
11. CSARO & NCHP. Community Sanitation & Recycling Organisation (CSARO) and the National Centre for Health Promotions (NCHP) - IEC Material Production Guidelines. 1999.
Ref Type: Guideline
Notes: This brief paper offers a set of fundamental guidelines for IEC (information, education, communication) material development teams to follow in the planning, design (or adaptation) and production of IEC materials. It suggests a clear, six-step approach, with each step supporting the next, which IEC material design teams should endeavour to follow.
12. Department of Planning & Health Information. Criteria for setting up a health post in low-density provinces. 1997.
Ref Type: Guideline
Notes: Excerpt from "Guidelines for Developing Operational Districts."
13. Dots Widely. Kingdom of Cambodia: Tuberculosis Report 97. 1997.
Ref Type: Report
Notes: The Ministry of Health, in collaboration with WHO, launched a new national tuberculosis programme in 1994, aiming at decreasing the tuberculosis transmission first by improving the results of the cure rate and then improving case-detection.
14. Ensor, T. DFID Health Systems Resource Centre: Developing A Medium Term Expenditure Framework (MTEF) for the Health Sector in Cambodia. 2002.
Ref Type: Guideline
Notes: An MTEF is a planning tool that helps link available resources to planned expenditures over a period of 3 to 5 years. The objective is to make explicit the implications of resource allocation decisions on sector priorities.
15. Health Unlimited. Ratanakiri Primary Health Care Project. 2001.
Ref Type: Report
Notes: The objectives of this project were (1) to establish two health posts in Ratanakiri as

a trial for developing further such facilities in the province, (2) to increase the skills of health posts as a viable option for improving accessibility of public health, and (3) to assess health posts as a viable option for improving accessibility of public health services for villagers.

16. Interministerial Committee on Primary Health Care. Implementation Guidelines for The National Policy on Primary Health Care. 2002.
Ref Type: Guideline
Notes: Guidelines for the 2000 National Policy on Primary Health Care. Goals include: (1) provide guidance for National Policy on Primary Health Care implementation, (2) explain mechanisms of multisector collaboration, community participation and monitoring and evaluation, (3) explain and clarify the role and responsibilities of line ministries, support agencies, the private sector and communities in implementation of National Policy on Primary Health Care, and (4) identify mechanisms to build up the capacity of primary health care personnel at all levels across all relevant ministries.
17. International Institute of Rural Reconstruction. Basic Primary Health Care Course for District and Commune Health Staff and Primary Health Care Committees: Muk Kampoul, Kandal, Cambodia. 1992.
Ref Type: Report
Notes: A training needs assessment was conducted for the planned Basic Primary Health Care Course in 1992. The terms of reference were as follows: (1) the coordination of the Philippine-based team, (2) the design of the training module, (3) giving actual training to the district health personnel together with the training team and (4) assist in the documentation of the training course. This report describes the process and the results of the training needs assessment.
18. International Organization for Migration. General Health Assessment Component: Demobilization of Armed Forces, Pilot Phase - Battambang Province, Cambodia. 2000.
Ref Type: Report
Notes: In an attempt to shift the government's military resources to the social and development sectors, a pilot project called the Cambodia Veterans Assistance Program (CVAP) was conducted to discharge and demobilize soldiers. This document is the pilot project's final report.
19. Jacobs,B. Capability of Kirivong health centres to deliver primary health care: suggestions for reinforcement. 2001.
Ref Type: Report
Notes: Enfants et Developpement (EED) signed a contract with the MOH for the contracting-in of the Operational District of Kirivong. This implied that EED was responsible for the management - including finance and administration - of the operational district. The management took effect in August 1999.
20. Kerr,H. Kon Dieng, Cambodia Rural Health Development Project: Final Evaluation. American Refugee Committee. 1996.
Ref Type: Report
Notes: Project goal was to improve health status of Kon Dieng district in Pursat province, especially women and children, by revitalizing the health care system. The project mostly focused on establishing a primary health care system. By strengthening local capacity, the project intended to leave a sustainable service in eight communities and the district hospital.
21. Kingdom of Cambodia. Guidelines for National Primary Health Care Policy Implementation. 2001.
Ref Type: Guideline
Notes: The PHC policy draft document was widely distributed to NGOs to get comments, discussed in a national workshop, and ratified in 2000/05.

22. Medecins sans Frontieres. Rehabilitation of Health Services in Stung Treng Province, Cambodia. 1998.
Ref Type: Report
Notes: An amendment to the 1996-1998 MSF project developing health services (regarding referral hospitals, health centres, regional training centres, schistosomiasis, AIDS).
23. Ministry of Health. Le developpement des soins de sante primaires au Kampuchea. 1988.
Ref Type: Report
Notes: A document describing primary health care strategies as the most rational solution for Cambodia as a developing country. In French.
24. Ministry of Health. Guide Technique Tuberculose. 1994.
Ref Type: Report
Notes: An overview of tuberculosis in Cambodia and the National Tuberculosis Programme.
25. Ministry of Health. Health Policy and Strategies 1996-2000. 1996.
Ref Type: Policy
Notes: Background of the Cambodian health system, as well as health policy and strategies aimed at implementation by the year 2000.
26. Ministry of Health & National MCH Centre. National Maternal and Child Health Policy Manual. 1996.
Ref Type: Policy
Notes: Cover programs for (1) control of acute respiratory infection, (2) control of diarrheal disease, (3) nutrition, (4) maternal health and birth spacing material, (5) child health continuing training and supervision, and (6) MCH health information (monitoring of MCH indicators).
27. Ministry of Health. Guidelines for Developing Operational Districts. 1997.
Ref Type: Guideline
Notes: Overview of the health system in Cambodia, with guides for developing a health coverage plan, transition of health facilities, and organizing of an operational district health system. Includes a section on the efficient and effective use of resources.
28. Ministry of Health & WHO. Health Facility Infection Control Manual. 1997.
Ref Type: Guideline
Notes: This is an educational tool and resource guide on infection prevention concepts and procedures for all hospital and clinic staff.
29. Ministry of Health. Health Centre Manual: Reference Manual for Health Centre Staff. 1997.
Ref Type: Guideline
Notes: Describes the organization and management of the health centre and the roles of staff in each section of the health centre. Also describes the diagnosis and management of health programs at the health centre. For instance, if you want to know about the management of young children with diarrhea, you should read chapter entitled diarrhea.
30. Ministry of Health & CNM (National Malaria Centre). National Malaria Centre: Annual Report of Activities. 1997.
Ref Type: Report
Notes: The National Malaria Centre is the department of the MOH responsible for the control of vector-borne diseases. This includes investigation, training, and supervision of health staff and other interventions.
31. Ministry of Health. National Health Statistics Report. 1998.

Ref Type: Report

Notes: Geo-demographic data, health services activities, main health problems, and the human resource situation. Purpose: inform health service managers and health care providers to manage their health services and to monitor health activities as well as to make important decisions.

32. Ministry of Health. National Workshop on Health Promotion. 2000.

Ref Type: Report

Notes: Document is a handout; English version not available.

33. Ministry of Health. National Policy on Primary Health Care. 2000.

Ref Type: Policy

Notes: The policy has been prepared as part of the government's commitment to strengthening a PHC approach to health and community development issues. The work of the government, international organizations, community groups, and NGOs will benefit from policy guidance and a national context for implementation of PHC activities.

34. Ministry of Health. National Policy on Primary Health Care. 2000.

Ref Type: Policy

Notes: This policy has been prepared as part of the Government's commitment to strengthening a Primary Health Care approach to health and community development issues. The work of Government, international organizations, community groups, and non-government organizations will benefit from policy guidance and a national context for implementation of Primary Health Care activities.

35. Ministry of Health. Complementary Package of Activities: Guidelines for the Referral Hospital. 2001.

Ref Type: Guideline

Notes: The main purpose of this document is to provide comprehensive guidelines on the clinical package to be provided by the referral hospital, its support services, and management aspects within the hospital. A strategy to develop referral hospitals is treated in a separate document entitled "CPA: Referral Hospital Development Plan."

36. Ministry of Health. Proposal for the Implementation of Boosting Strategy. 2001.

Ref Type: Report

Notes: The Boosting Strategy is based on the introduction of contractual relationships in the public health sector, and emphasizes building capacity within the MOH to effectively manage the health sector and to ensure service quality and coverage. This strategy is closely linked to overall government public administrative and fiscal reform measures.

37. Ministry of Health & National Trainers Team. Training for Community Workers: Teacher's Book. 2001.

Ref Type: Guideline

Notes: The need of encouraging participation from community is the most appropriate strategy to improve the health situation in rural/remote areas. Thus the SEAMEO TROMED Network-Rockefeller Foundation Health Equity Project has initiated the so-called "Research Capability Development for Community Health Workers" for improving/promoting community participation in the health sector.

38. Ministry of Health. Implementation Guidelines for The National Policy on Primary Health Care. 2002.

Ref Type: Guideline

Notes: Guidelines for National Policy on PHC implementation. Explains mechanisms for multisectoral collaboration, community participation, monitoring, and evaluation. Explains and clarifies the role and responsibilities of line ministries, support agencies, the private sector and communities in implementation of National Policy, and identifies mechanisms to

build up the capacity of PHC personnel.

39. Ministry of Health. Health Sector Strategic Plan 2003-2007. 2002.
Ref Type: Guideline
Notes: To make significant progress towards the achievement of its mission and policy, the MOH has adopted 20 strategies, of which 8 form the essential core, in 6 priority areas of work. These strategies are intended to be the focus for action by the MOH and all health sector partners over the next 5 years.
40. Ministry of Health. Guide for the Strengthening of the District Health System in Cambodia. 2003.
Ref Type: Guideline
Notes: General description of the Cambodian health care system, with guides for devising a health care plan and supporting the development of a new district health system.
41. Ministry of Health & Department of Planning & Health Information. Policy on Community Participation in the Development of Health Center. 2003.
Ref Type: Policy
Notes: This policy paper deals with main features of the community participation as follows: (1) policy objectives of the community participation, (2) working principles and scope of works for the community participation, (3) structures for the community participation i.e. Health Center Management Committee and Village Health Support Group and its role and function.
42. Ministry of Health: Centre for Hygiene, H.E.a.P.C. Interministerial Workshop on Primary Health Care. 1997.
Ref Type: Report
Notes: Report and materials from a PHC conference in Phnom Penh, designed to describe the different PHC activities and initiatives taken by various organizations in Cambodia.
43. Ministry of Health: National Institute of Public Health. Organisation, Function, and Structure of the National Institute of Public Health (NIPH). 1997.
Ref Type: Report
Notes: Staff analysis and job descriptions for key staff.
44. NCHP & Asian Health Institute. Training Report on Basic Health Education Course. 1997.
Ref Type: Report
Notes: Outline of a workshop on health education strategies.
45. NCHP & Asian Health Institute. Training Report on Basic Health Education Course. 1998.
Ref Type: Report
Notes: Workshop on how to increase knowledge, skills and attitude in health education.
46. Northeast Cambodia Community Development Program. Field Manual for Participatory Rural Appraisal (PRA). 1997.
Ref Type: Guideline
Notes: PRA is a process used in development programs worldwide to help rural communities: (1) gather information on the resources they already possess, (2) organize their knowledge, (3) identify and prioritize local development needs, and (4) develop long-term action plans which respond to these needs.
47. Oleksy, I., Chea, S., Ouk, C. & Barber, S. Cambodian Area Rehabilitation and Regeneration Project: Primary Health Care Evaluation. UNDP. 1997.
Ref Type: Report
Notes: Evaluation of overall effectiveness of Ek Phnom Primary Health Care project in

Battambang province, implemented by the CAREERE Project.

48. Oum,S. Development, Implementation and Evaluation of a Community-Based Surveillance System in Rural Cambodia. 2002.
Ref Type: Report
Notes: A community-based surveillance system was developed and implemented in rural areas of Cambodia. The system aimed to provide timely and representative information on major health problems and life events that would permit rapid and effective control of outbreaks and communicable diseases in general in rural communities. In the system, lay people were trained as Village Health Volunteers to report suspected outbreaks, important infectious diseases, and vital events occurring in their communities to local health staff who analysed the data and gave feedback to the volunteers during their monthly meetings.
49. Overtoon,R. Primary Health Care: The Siem Reap View. 1999.
Ref Type: Report
Notes: A summary of the principles of PHC with respect to the health care system of Siem Reap.
50. PACT, JSI & MEDICAM. Materials for Health Education in Cambodia: Directory. 1996.
Ref Type: Report
Notes: A bilingual directory of booklets, calendars, leaflets, posters, etc. designed for health education.
51. PACT. Basic Health Education Training Manual for Community Development NGOs. 2001.
Ref Type: Guideline
Notes: A folder of materials directed towards educating the community and health care workers about the major health issue priorities of Cambodian villages. Topics include infectious diseases, nutrition, HIV/AIDS, diarrhea, and birth spacing. Available in Khmer as well (MEDICAM/HEP-039).
52. Parco,K. & Jacobs,B. The management of diseases listed under the Minimum Package of Activities and appropriateness of referrals in Maung Russay Operational District. 2000.
Ref Type: Report
Notes: At the PHC level in Cambodia, health centres provide a minimum package of activities (MPA) that is comprised of basic preventative, promotive, and curative care including prenatal care, immunization, birth spacing, prevention of micronutrient malnutrition, and treatment of acute respiratory infection and diarrhea. This is a study of Maung Russay's health centres' staff regarding the diagnosis of reported diseases, and familiarity of commonly reported diseases and their diagnoses.
53. Royal Government of Cambodia,N.P.f.C.a.W. Community Action for Social Development Programme (CASD): Experiences, Lessons, and Best Practices 1996-1997. 1997.
Ref Type: Report
Notes: CASD is the actions and proceed at the village, by the people for the people to strengthen the capacity of family and community for self-development. They will know about the child's program in the village and know how to organize actions creatively to solve the child's programs to improve the quality of the life of children.
54. Royal Government of Cambodia. National Policy on Primary Health Care. 2000.
Ref Type: Policy
Notes: A summary of the working definition of PHC in Cambodia, as well as a list of strategies required to implement PHC in communities.
55. Save the Children Fund Australia Health Project. Strengthening Primary Health Care Delivery Systems at District and Commune Level: Cheung Prey District, Kompong Cham Province, Cambodia - Project Completion Report. 1998.

Ref Type: Report

Notes: The project concentrated on capacity building to strengthen planning, management, coordination, monitoring, evaluation, and health information systems of Cheung Prey, Bateay, and Prey Chhor districts in Kompong Cham, as well as improving the quality and coverage of PHC throughout the districts.

56. Seila Task Force. National Workshop on Formulation of the 2003 Seila Program. 2002.

Ref Type: Report

Notes: Presentations, discussions agreements, and recommendations on: (1) provincial investment fund, (2) district integration guidelines, (3) provincial management structure, (4) review of decentralization.

57. Sprechmann,S. Jivit Thmey Evaluation Survey. 1999.

Ref Type: Report

Notes: The Jivit Thmey final evaluation survey was conducted between 1998/11 and 1999/01. The main objective of this evaluation study was to assess if the project had achieved expected impact and effects for 1998/07 (three years after the project was initiated). A total of 864 households in 72 sample villages were selected from the Jivit Thmey project area and interviews conducted. The study also obtained information on immunization status and disease prevalence among children under five.

58. Sprechmann,S. Findings from Jivit Thmey's Health Center Study - First Phase. CARE. 2000.

Ref Type: Report

Notes: The Jivit Thmey project was initiated in July 1995 with funding from the United States Agency for International Development (USAID) and CARE. The focus of this project is on providing assistance to government health centres in Banteay Meanchey, Kampong Chhnang and Pursat for improving the quality of commune level health services. This study examines the function of health centres.

59. Tanrathy,T. Knowledge, Attitude and Practice Among Teachers Towards Health Promoting Schools at 7 Makara District, Phnom Penh, Cambodia. 2000.

Ref Type: Report

Notes: A thesis aimed to determine the knowledge, attitude, and practice among teachers towards health-promoting schools at 7 Makara District of Cambodia, using both qualitative and quantitative approaches.

60. Tarimo,E. & Webster,E. Primary Health Care Concepts and Challenges in a Changing World: Alma-Ata revisited. World Health Organization: Division of Analysis, Research and Assessment. 1996.

Ref Type: Report

Notes: A revision of the PHC concepts devised at the 1978 Alma-Ata conference on PHC, made relevant to the 1990s and beyond.

61. Udong District Health Office. Analysis of the situation of health services in the commune. Australian Red Cross. 1997.

Ref Type: Report

Notes: Document not available in English.

62. UNFPA, MSI & RUPP. Social-Cultural Research and Training in Support of Reproductive Health in Cambodia. 1999.

Ref Type: Report

63. UNFPA. Country Population Assessment: Cambodia. 2000.

Ref Type: Report

Notes: The CPA exercise has been a collaborative process involving the government

UNFPA, the international donor community, other UN agencies, and NGOs.

64. Unknown. Economics and Financing of the Cambodian Health Sector. 2003.
Ref Type: Guideline
Notes: An outline of the economics and financing of the Cambodian Health Sector. Source, date, author unknown.
65. Vuthy, H. & Bounghnasiri, S. Cheung Prey District Primary Health Care Profile. Save the Children Fund Australia Health Project. 1996.
Ref Type: Report
Notes: A primary health care profile manual of SCFA's eighteen-month survey of the Cheungprey District, Kompong Cham.
66. World Education. Knowledge for a Healthy Life: Prey Veng Health Education Project. 2003.
Ref Type: Report
Notes: Health lesson materials, including materials for infectious diseases, diarrhea, lack of sanitation, dehydration, family planning.
67. World Health Organization. Health Policy and Strategy Guidelines. 1993.
Ref Type: Guideline
Notes: This health policy and strategy paper is one part of a larger health planning exercise, which has been a priority for the MOH over the previous fiscal year. Input into its content has come from all levels of national health workers and from international partners.
68. World Health Organization: Programme for the Prevention of Blindness. Report of the National Workshop on Prevention of Blindness. 1996.
Ref Type: Report
Notes: Aim of this workshop was to present the recent achievements in the area of blindness prevention, to review progress and discuss future prospects.
69. World Health Organization. The Role of Local Government in Health: Comparative Experiences and Major Issues. 1997.
Ref Type: Report
Notes: This paper attempts, first, to provide an updated review of the comparative experiences of countries that have decentralized the implementation of their PHC systems to local governments and other decentralized institutions in local developing countries of Africa, Asia, and Latin America with a few control samples from the industrialized/developed countries. Second, the paper identifies the major governance concerns, issues, and trends raised by decentralization of health care management to local governments in these countries. Finally, it suggests a set of strategies for tackling the problems confronting local developing countries in this regard.
70. World Vision Canada. Kandal Rural Health and Development Project: Final Evaluation Report. 1997.
Ref Type: Report
Notes: An evaluation of the Kandal Stung Health and Development Project which developed partnerships among the community, commune health centre, and district and improve capacity to provide primary care.
71. World Vision International, H.K.I. Report of the Cambodian National Vitamin A Workshop. 1993.
Ref Type: Report
Notes: In Cambodia, vitamin A deficiency has long been suspected to be a problem of public health importance. In order to set policy and plan interventions, this suspicion was discussed in this workshop.

72. Ministry of Health & Department of Planning & Health Information. National Level Indicators for Monitoring & Evaluating Health Sector Performance. 1999.
Ref Type: Report
Notes: The national indicator framework is a tool for the national level MOH to monitor and evaluate the overall effectiveness of reforms on health sector performance. These indicators are based on current MOH priorities. It links key questions with the best available information to help policy makers make informed decisions about competing policy alternatives.
73. Ministry of Health. Ethical Guidelines for Health Research Involving Human Subjects. 2001.
Ref Type: Guideline
Notes: All health research involving human subjects shall conduct in accordance with three basic ethical principles, namely beneficence, respect for rights, and justice.
74. Ministry of Health & Centre for Hygiene, Health Education, and Primary Care. Inter-Ministerial Workshop on Primary Health Care. 1997.
Ref Type: Report
Notes: 42 people came from different departments of the MOH, some of Provincial/Municipality and District Health Departments of the country, representatives of the Ministry of Rural Development, Women's Affairs, Education Youth and Sport, and 26 other people attended who were representatives of NGOs and IOs.
75. Ministry of Health. Framework for TB/HIV in Cambodia. 2002.
Ref Type: Guideline
Notes: There is a need for a country TB/HIV framework which takes the epidemiological situation and health service delivery system into consideration. The reasons for having the framework are: (1) the National Center for Tuberculosis and Leprosy Control (CENAT) needs to address the impact of HIV, i.e. higher caseload of TB and increasing drug resistant TB; (2) the National Center for HIV/AIDS, Dermatology and STD (NCHADS) needs to improve the quality of life among people living with HIV/AIDS through better management of TB; (3) both need to collaborate to assure an effective TB/HIV prevention and care program.
76. Ministry of Health & Human Resources Development Department. Guidelines on Standards for Training. 2001.
Ref Type: Guideline
Notes: Training is an essential area in the process of human resources development in the health. To enhance the quality of training, efforts have been made to prepare this document. To ensure that the quality of training will be maintained and improved, the guidelines will need to be revised regularly so as to adapt to the changing situation of health workforce development.
77. Ministry of Health & National Centre for HIV/AIDS, Dermatology and STI. Policy, Strategy and Guidelines for HIV/AIDS Counselling and Testing. 2001.
Ref Type: Policy, Guideline
Notes: The policy for HIV/AIDS and STI Prevention and Care in the health sector in Cambodia lays down that the MOH will strengthen and support the expansion and extension of HIV counselling and testing services in the public health sector. The MOH also has the responsibility to enforce the Policy, Guidelines, and Protocols for Testing and Counselling in public and private health services through the establishment of monitoring and supervision systems for counselling and testing services.
78. MSF Cambodia. Sotnikum New Deal, the first year: Better income for health staff; better service to the population. 2001.
Ref Type: Report
Notes: This document describes and analyses the Sotnikum New Deal experiment from its

start in 1999 till early 2001.

79. Ministry of Health. Guidelines for Outreach Services from Health Center. 2001.

Ref Type: Guideline

Notes: The MOH has prepared operational guidelines for outreach services. These guidelines will define the role of outreach services in the new district health system to standardize the different current practices. The specific financial effort from the MOH to fund those activities underline their importance and should help their implementation.

80. Ministry of Health & Health Economics Task Force. Introducing User Fees at Public Sector Health Facilities in Cambodia: An Overview. 2000.

Ref Type: Report

Notes: This paper provides an overview of issues raised in connection to introducing user fees for services at public sector health facilities in Cambodia. Within the health care market, consumers faced uncertainty not knowing how much to pay, when and to whom should payments be made, in addition to what would be received in terms of quality and appropriateness.

81. Ministry of Health & National Ethics Committee for Health Research. Standard Operating Procedures (SOP). 2002.

Ref Type: Guideline

Notes: The MOH appointed the National Ethics Committee for Health Research to review all health research proposals to be conducted in the Kingdom of Cambodia. The review and assessment of research proposals are based on the national and international ethical guidelines. The committee works according to its standard operating procedures.

82. MSF Cambodia. The New Deal in Cambodia: The second year. 2002.

Ref Type: Report

Notes: This document describes and analyses the New Deal experiments ("Better income for health staff, better service to the population") as they have been taking place in 2001. This report is thus the contribution of the report "Sotnikum New Deal: The first year", which was written in May 2001.

83. Ministry of Health, Swiss Red Cross, and WHO. Takeo Provincial Referral Hospital Pioneering a Health Financing Scheme. 2002.

Ref Type: Report

Notes: This monograph describes the challenges in initiating a hospital financing scheme and systematic organizational change within the constraints of the Cambodian health system. The organizational changes took into account the needs and demands of hospital staff, public health, and political authorities, and patients.

84. Draft Guidelines for Community DOT: 2nd Guidelines Development Workshop. 2002.

Ref Type: Guideline

Notes: A plan for DOT implementation.

85. Ministry of Health & Department of Planning & Health Information. Planning Process for Provinces & Operational Districts. 1999.

Ref Type: Guideline

Notes: Provides health managers with technical support to better prepare and effectively implement their plans.

86. Ministry of Health & National Center for Tuberculosis and Leprosy (CENAT). National Health Strategic Plan for Tuberculosis Control 2001-2005. 2001.

Ref Type: Guideline

Notes: The formulation of this plan was based on the National Health Policies and Strategies for TB Control in Cambodia 2001-2005 prepared by the same working group and

approved by the MOH in June 2001. The plan contains three main parts: the part of background on TB control in Cambodia including policy statements; the part of the strategic plan consisting of two major portions related to each of ten outputs, strategies and activities; and the part on budget plan.

87.Ministry of Planning & National Council for Nutrition. Cambodia Nutrition Investment Plan.

Ref Type: Guideline

Notes: The Cambodia Nutrition Investment Plan (CNIP) proposes a \$41.1 million investment plan for nutrition over a five-year period (2003-2007) and is structured to contribute to Cambodia's SEDP II and its Poverty Reduction Strategy Paper. The Plan provides for a long-term strategy to implement the more nutrition-relevant aspects of development.

88.Memisa Medicus Mundi. Health Care Development Programme in Kampot Province, Cambodia. 1997.

Ref Type: Report

Notes: Memisa Medicus Mundi (The Netherlands) started working in Kampot Province at the request of the MOH to follow up, consolidate, and expand work already done by MSF. After a project had been formulated in 1994 the first Memisa staff member arrived in Cambodia early 1995 and started preparing the ground for the project to be implemented.

89.Memisa Medicus Mundi. Community Mobilization: Experiences with Three Health Centers in Kampot Province.

Ref Type: Report

Notes: This paper presents experiences with setting up Health Center Committees for 3 new health centres.

90.Memisa Medicus Mundi. Health Care Development Programme in Kampot Province, Cambodia. 1996.

Ref Type: Report

Notes: Memisa Medicus Mundi (The Netherlands) started working in Kampot Province at the request of the MOH to follow up, consolidate, and expand work already done by MSF. After a project had been formulated in 1994 the first Memisa staff member arrived in Cambodia early 1995 and started preparing the ground for the project to be implemented.

91.Ministry of Health & National Center for Tuberculosis and Leprosy Control (CENAT).

National Health Strategic Plan for Tuberculosis Control 2001-2005. 2001.

Ref Type: Policy

Notes: The formulation of this plan was based on the National Health Policies and Strategies for TB control in Cambodia 2001-2005 prepared by the same working group and approved by the MOH in June 2001. The plan contains three main parts: the part of background on tuberculosis control in Cambodia including policy statements; the part of the strategic plan consisting of two major portions related to each of ten outputs, strategies and activities; and the part on budget plan.

92.Ministry of Health & National Center for Tuberculosis and Leprosy Control (CENAT).

Tuberculosis Standard Treatment Regimens. 2001.

Ref Type: Guideline

Notes: This standard TB treatment regimens booklet was prepared based on treatment regimens recommended by WHO. This booklet contains two main parts: treatment regimens for adults and that for children.

93.Ministry of Health. Tuberculosis Report 2001. 2001.

Ref Type: Report

Notes: In 2001, with strong support from the Royal Government of Cambodia, impressive achievement was obtained in the field of TB control in Cambodia. These achievements are

due to efforts made by all stakeholders within and outside the government. This document provides the summarized activities in TB control conducted in the year 2000.

94.Ministry of Health. Second Biennial Review of the Health Workforce Development Plan 1996-2005.

Ref Type:

Notes: Provides a comprehensive picture of the health workforce situation in Cambodia, including size and composition, training, employment, and deployment at the time of its development, as well as workforce needs projections during the planning timeframe. The plan provided the Ministry of Health with a rational basis on which to implement training and other programs, highlighted staffing deficits in particular categories, and through projections helped identified areas of growing need.

95.Ministry of Health. MPA Module 1: Operating a Health Center. 1997.

Ref Type: Guideline

Notes: Teacher instruction.

96.Ministry of Health. MPA Module 2: Patient Assessment. 1998.

Ref Type: Guideline

Notes: Teacher instruction.

97.Ministry of Health. MPA Module 4: Adult Common Diseases. 2000.

Ref Type: Guideline

Notes: Teacher instruction & participant workbook.

98.Ministry of Health. MPA Module 5: Chronic Diseases. 2000.

Ref Type: Guideline

Notes: Teacher instruction & participant workbook.

99.Ministry of Health. MPA Module 6: Basic Hygiene and Infection Control. 1998.

Ref Type: Guideline

Notes: Teacher instruction.

100.Ministry of Health. MPA Module 7: Health Education/Health Promotion. 1998.

Ref Type: Guideline

Notes: Teacher instruction.

101.Ministry of Health. MPA Module 8: Health Center Management. 2000.

Ref Type: Guideline

Notes: Teacher instruction & participant workbook.

102.Ministry of Health. MPA Module 9: Expanded Program on Immunization (EPI). 2000.

Ref Type: Guideline

Notes: Teacher instruction & participant workbook.

103.Ministry of Health. MPA Module 10: General Nutrition & Growth Monitoring. 2000.

Ref Type: Guideline

Notes: Teacher instruction & participant workbook.

104.Ministry of Health. MPA Module 11: Normal Delivery. 2000.

Ref Type: Guideline

Notes: Teacher instruction.

105.Ministry of Health. MPA Module 12: Antenatal & Postnatal Care. 2000.

Ref Type: Guideline

Notes: Teacher instruction & participant workbook.

106.Ministry of Health. MPA Module 13: Emergency Treatment and Minor Surgery. 2000.

Ref Type: Guideline

Notes: Teacher instruction & participant workbook.
